

AO 440 (Rev. 12/09) Summons in a Civil Action

# UNITED STATES DISTRICT COURT

for the

District of Nevada

Weltonia Harris, individually and on behalf of all  
others similarly situated

*Plaintiff*

v.

U.S. Physical Therapy, Inc.

*Defendant*

Civil Action No.

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Physical Therapy, Inc.  
c/o  
National Registered Agents, Inc. of NV  
1000 East William St., Suite 204  
Carson City, NV 89701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: Mitchell D. Gliner  
MITCHELL D. GLINER, ATTORNEY AT LAW  
3017 West Charleston Blvd., Suite 95  
Las Vegas, Nevada 89102  
Telephone: (702) 870-8700

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

LANCE S. WILSON

CLERK

*Lance S. Wilson*

(By) DEPUTY CLERK



9/3/10

DATE

Civil Action No. \_\_\_\_\_

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**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) \_\_\_\_\_

was received by me on (date) \_\_\_\_\_

☐ I personally served the summons on the individual at (place) \_\_\_\_\_

on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_

, a person of suitable age and discretion who resides there.

on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address: or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is

designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_

on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_

; or

☐ Other (specify): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

Server's signature \_\_\_\_\_

Printed name and title \_\_\_\_\_

Server's address \_\_\_\_\_

Additional information regarding attempted service, etc: \_\_\_\_\_